

CHIA INET USER AGREEMENT

Hospital

As an employee of _____
(If more than one hospital is applicable, please attach and submit a list of all hospitals affiliated with this agreement)

OR as an employee of a contractor of _____
(Please attach and submit a list of all hospitals affiliated with this agreement)

I will be allowed to access CHIA-INET, the data reporting system provided to _____
by the Center for Health Information and Analysis.

- I promise that I will not disclose my CHIA-INET user ID and password to any other person.
- I promise that I will not attempt to access or look at CHIA-INET data other than what is required to perform my job.
- I promise that I will use any data I receive from CHIA-INET only as permitted and only in furtherance of my job.
- I promise that I will not share any data I receive from CHIA-INET with others unless doing so is necessary to do my job (pertains to patient level confidential data only).
- I promise that I will discuss data I receive from CHIA-INET with others only as required to perform my job and will conduct such conversations only in secure areas where I am unlikely to be overheard (pertains to patient level confidential data only).
- I promise I will not disclose any data that I receive from CHIA-INET to any third party unless I have specific written permission from my supervisor or the legal order of a court (pertains to patient level confidential data only).
- I understand that the Center for Health Information and Analysis retains ownership of all data that resides in CHIA-INET.
- I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of CHIA-INET.

REQUIRED INFORMATION – please print and no abbreviations

☐ Mr. ☐ Ms.

☐ Mrs. ☐ Dr. Name: _____
(Please provide middle name initial)

Job Title: _____

Company Name and Department: _____

Work Mailing Address: _____

E-mail Address: _____
(Required to send User ID and Password information)

Work Telephone: _____

Work Fax: _____

User Signature: _____ Date: _____

USER'S INET WEB SECURITY ITEMS – required

City or Town of Birth: _____

Pass Phrases: (please select a Pass Phrase below):

- | | | |
|---|--|---|
| <input type="checkbox"/> Favorite Singer | <input type="checkbox"/> Favorite Pet's Name | <input type="checkbox"/> Father's Middle Name |
| <input type="checkbox"/> Favorite Vacation Location | <input type="checkbox"/> Favorite Teacher's Name | <input type="checkbox"/> First Child's Middle Name |
| <input type="checkbox"/> Favorite Sports Team | <input type="checkbox"/> Anniversary Date | <input type="checkbox"/> Make, Model, and Year of First Car |
| <input type="checkbox"/> Favorite Hobby | | |

Pass Phrase Answer: _____

Pass phrases are used by the Help Desk staff to ensure they are speaking with the correct person.

When an INET User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use pass phrases as a means to confirm the identity of the caller.

Check the type of access for this User Agreement

User Profile (check one)	Functions
<input type="checkbox"/> Data Reporter's INET Administrator	The person responsible for CHIA-INET Administration (creates and maintains web user accounts online and via paper forms). Also has the ability to: submit information, download, edit, view and print reports.
<input type="checkbox"/> Data Reporter's Individual INET User	Ability to: submit information, download, edit, view and print reports.

Hospital Submissions - Only check the submissions that User will submit or have access to under this Agreement

- ☐ Chapter 288: Hospital Uniform Costs
- ☐ Patient Centered Medical Health Initiative (PCMHI) Efficiency and Cost Reports
- ☐ Health Safety Net (HSN) PCMHI Patient Reports
- ☐ Health Safety Net (HSN) PCMHI Payment Remittance
- ☐ Health Safety Net (HSN) 837-I (Institutional) Claims
- ☐ Health Safety Net (HSN) Supplementary Monthly Report
- ☐ Health Safety Net (HSN) Claim Denial
- ☐ Health Safety Net (HSN) Remittance Advice
- ☐ Health Safety Net (HSN) Quarterly Surcharge Provider Report
- ☐ Health Safety Net (HSN) Hospital POPS Remittance
- ☐ Health Safety Net (HSN) Special Circumstances Application
- ☐ Emergency Room Bad Debt Evidence (ERBD) Form
[must be registered for HSN 837-I (Institutional) Claims to access this form]
- ☐ Annual Hospital 403 Cost Report
(this item applies to acute care and non-acute care hospitals)
- ☐ Hospital Licensed Health Center (HLHC) Annual Cost Report
- ☐ Quarterly Hospital Financials
- ☐ Annual Hospital Financials
- ☐ Quarterly Hospital Beds Report
- ☐ Hospital Inpatient Data (Case Mix)
- ☐ Outpatient Observation Data
- ☐ Emergency Department Data
- ☐ Hospital Trauma Data
- ☐ Health Care Quality and Cost Council (HCQCC) Review Reports